

patients in their own homes by a full-time medical and nursing staff, the examination of contacts, the sorting out of patients for sanatoriums, open-air schools, and hospitals for advanced cases, in addition to the general, therapeutic, and specific treatment at the dispensary—828 cases of suspected and apparent pulmonary tuberculosis were treated in 1910 at a cost of £1 13s. 1½d. per patient per annum.—I am, etc.,

HALLIDAY SUTHERLAND.

The St. Marylebone Dispensary for the Prevention of Consumption, London, N.W., Aug. 25th.

SIR,—The results of tuberculin in phthisis, as administered according to the plan advocated by Dr. Camac Wilkinson, are on his own showing what I should call strikingly good. On the other hand, it is a matter of common knowledge that a great many competent observers have failed to obtain satisfactory results, save now and again, and have reluctantly abandoned tuberculin as a means of treatment.

Is there any way in which this discrepancy might be explained? Does Dr. Wilkinson cast the net too widely and include cases that clinically would not be classed as tuberculous by the ordinary observer? Or is it that the method he adopts is different and more successful than that followed by others? It is of vast importance that we should not be neglecting a remedy of such value, if the statements in his article in the *JOURNAL* of August 26th and in other writings by the same author are not too sanguine.

My object in writing is to suggest that possibly Dr. Camac Wilkinson might advance the cause he has at heart if he called for a committee of a few medical men interested in the question to watch his cases for six or twelve months and give the results of such observation. All the statistics in the world are not so convincing as actual demonstration of cure in a few cases. References, especially to Moeller and Weicker, would have been of value had they been appended to the article in question.

It is quite useless to see cases of phthisis save on the "before and after" system. They should be examined before treatment is started and again several times at the termination.

It is not for a moment to be suggested that any but a sympathetic attitude would be adopted. At the same time one wants convincing.—I am, etc.,

London, N.W., Aug. 26th

VINCENT MOXEY.

TUBERCULIN IN PULMONARY TUBERCULOSIS.

SIR,—May I be allowed to reply to Dr. J. P. Milton by stating the conclusions drawn after giving almost 1,000 injections of tuberculin?

1. The safety and certainty depend upon the doctor administering the tuberculin—upon his conception of its action and his experience. My first case was one of hip-joint disease, and did magnificently for three months, then all the good was undone by two injections, though the last state was no worse than the first. A case of cervical adenitis now under me can be made delirious and generally worse by one variety of tuberculin, whilst another variety corrects the evil; but the peculiarity is that the kind which does her harm has worked a miracle (in the opinion of the doctor who suggested a consultation) in another case of enlarged cervical glands.

2. Its justification is similar to that of operation, and depends upon what other treatment is available. I have pulmonary patients who were obviously going downhill (elevated temperature, decreasing weight) who have since refused free sanatorium treatment, in spite of my advice to accept it, as they felt so thoroughly well.

3. The necessity, where other treatment is available, is more difficult to speak upon. Where sanatorium treatment is not promptly available, tuberculin is a necessity.

Who is to decide as to what is or is not tuberculous? A case sent by me to a sanatorium was told on admission that she ought to have gone two years earlier. The doctor's successor three weeks later told her she never had been tuberculous, and dismissed her at the end of the fifth week.—I am, etc.,

Blackburn.

ARTHUR H. GREGSON.

SIR,—I feel that the letter from Dr. Penn Milton (September 2nd, p. 522) ought not to be allowed to pass unnoticed at the present time when such a keen interest is being taken by the public in all that relates to the cure of tuberculosis.

There are already too many people ready to decry the use of serums and vaccines, including tuberculin, and to do all they can to thwart and hinder the usefulness of modern research. To such people disputes among doctors afford an unholy joy, giving them fair grounds for saying that the opinion of the profession is divided on these matters. As far as tuberculin is concerned, it seems to me that the division of opinion is merely between those who have tried it and know, and those who have not tried it (except in small doses), and have apparently not even read much about it, and do not know. Those who have only given it timidly and in minimum doses are naturally sceptical of its value, or even more actively opposed to its use; while all who have really given the large doses a fair trial are, I believe, unanimously enthusiastic over the good results obtained. Dr. Penn Milton on his own showing has given it a very perfunctory trial.

As to the publishing of tabulated results, the treatment is admittedly comparatively new in England, and I think any prudent sanatorium superintendent would refrain from publishing the experience of only a couple of years or so with a new remedy in such a slow and insidious disease as phthisis. But the results claimed by German writers, which are confirmed and endorsed by those who have used their methods in this country, ought to be sufficient to convince every practitioner in charge of an uncomplicated case of phthisis that if he withhold from his patient the benefits of a thorough course of tuberculin he is almost as guilty of culpable negligence as he would be in performing an operation without due antiseptic precautions.—I am, etc.,

Blagdon, Sept. 3rd.

E. MARIETTE, M.B.Lond.

SIR,—A letter like that from Dr. Penn Milton (September 2nd, p. 522) cannot be allowed to go unchallenged. Many who are interested in such a valuable therapeutic agent as tuberculin, but so far have not had practical experience in its use, may be prejudiced against it by such a biased opinion. We want the opinions of men who have treated many cases in a scientific and intelligent manner, not those of men who have no such experience, but who have drawn deductions from one case, and that one evidently hopelessly unsuitable. The use of tuberculin requires to be learnt under a master. It requires, and exactingly demands, thoughtful care, scientific discrimination, and previous experience under tuition and advice. The account of the case cited by Dr. Milton is really not worth consideration.

Dr. R. W. Philip and Professor Osler have not long ago expressed the opinion that tuberculin is a valuable therapeutic weapon in suitable cases. I will only mention these two names among many eminent authorities who believe in tuberculin, because they cannot in their breadth of intellect be accused of any bias.

Of course, the great champion of tuberculin is Dr. Camac Wilkinson, and I unhesitatingly affirm that any man with such a ripe and intelligent experience of tuberculin, lasting from the time of its introduction, must of necessity be such a whole-hearted advocate for its extended use as Dr. Wilkinson is. Personally, as a result of many mornings spent at the tuberculin dispensary so successfully carried on by Dr. Wilkinson, I was enabled to commence its use, and nothing in the healing art has given me such satisfaction.—I am, etc.,

Buntingford, Sept. 5th.

R. W. FELL.

ROYAL INFIRMARY, EDINBURGH.

SIR,—In your issue of September 9th you state in your description of the Royal Infirmary, Edinburgh, that there are nine resident physicians and eleven resident surgeons (of whom three are set apart for the out-patient department). I beg to point out that there are eight resident physicians, two resident gynaecologists, and ten resident surgeons, of whom three are set apart for out-patient work.—I am, etc.,

JAMES C. BRASH,
President, Residents' Mess.

Edinburgh, Sept 12th.